



Mitchell E. Daniels, Jr., Governor  
State of Indiana

*Indiana Family and Social Services Administration*  
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# Indiana Eligibility Modernization

V-CAN Training – Region 2

March 2008



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# Modernization Objectives

- Service
- Self-Sufficiency
- Accuracy
- Stewardship of Taxpayer Dollars
- Employee Protection

# Why Change is Needed

## ■ Problems with the Current System

- Inconvenience
  - Multiple visits to local office
  - Clients can only communicate with assigned caseworker
- Lack of Self-Sufficiency
  - Work participation rate is 15.6% (November 2007)  
(Federal requirement – 50%)
  - Delays in getting engaged in job training and placement
- Low Accuracy
  - High case error rates impact Hoosier taxpayers
  - System does not have enough protections against fraud

# What Changes in the New System

- More ways to apply for TANF, Food Stamps and Medicaid. Applicants can:
  - Start an application on the Internet (available 24 hours a day);
  - Call a toll-free number from 7:00 am - 7:00 pm, local time Monday – Friday to start an application or ask questions;
  - Mail or FAX copies of required application documents (such as rent receipts or pay stubs); or
  - Visit a county office in person (an office will remain in each county in the new system).
- More ways to check on status of application or benefits
  - Call a toll-free, 24-hour phone system to get information
  - On the Internet, 24-hours a day
- Data collection and electronic storage
  - Application and supporting documents will be scanned and stored electronically

A map of Indiana divided into four regions, each color-coded and labeled with a number. Major cities are marked with stars: Gary (blue star in Region 3), Fort Wayne (pink star in Region 2), Indianapolis (pink star in Region 4), and Evansville (pink star in Region 2). The map shows county boundaries and names. Surrounding states are partially visible: Ohio to the east, Kentucky to the south, and Illinois to the west.

**NOTE:** Service Center locations are approximate and preliminary.

# V-CAN Overview

- Voluntary Community Assistance Network (V-CAN)
  - A formalized network of community organizations and service providers to serve our mutual clients
  - Activities for participants are limited to **information, referrals and/or access** for clients who wish to apply for assistance
- All participation in the V-CAN is voluntary

# Goals of the V-CAN

## ■ Information Sharing with Clients

- V-CAN Members will receive information via email and bi-monthly newsletters from the IBM-led Coalition about Eligibility Modernization.
- V-CAN Members will receive tools such as posters, tip cards and postcards on ways clients can apply for public assistance benefits

## ■ Improved Access for Clients

- V-CAN Members provide clients with the option of using a computer to access the Internet and/or telephone to contact the Call Center
- Clients can apply for or manage benefits when and where it is convenient for them



# Levels of Participation

- Access Points
  - Provide access to new application tools, like the Internet application, Call Center toll-free number or FAX machine
  - Can serve the public (Publicized Access Points) or serve current clients only (Non-Publicized Access Points)
  - Can provide access to one or more of the tools available
  - Receive informational updates and client educational materials



# Access Point Materials

**We Are Improving Our Service to You!**

**You Can Now Apply for and Manage Your Public Assistance Anytime, Anywhere!**

Cash Assistance (TANF) • Food Stamps • Medicaid • Hoosier Healthwise

**On the Internet (24 hours a day).**

- Find out if you might be eligible
- Apply for assistance
- Check to see if application is approved/denied
- Report a change (like an address, income, etc.)

**On the Phone Menu System (24 hours a day).**

- Check to see if application is approved/denied
- Report a change (like an address, income, etc.)
- Find a local DFR office near you
- Hear answers to common questions

**With a Call Center Representative (Mon-Fri, 7am-7pm).**

- Start an application (to be mailed to you)
- Check to see if application is approved/denied
- Make a change (like an address, income, etc.)
- Ask a question

**In a Local DFR Office (Mon-Fri).**

- Use a computer to apply on the Internet
- Use a phone to talk to the Call Center
- Get help from a DFR worker
- Drop off copies of required documents

**1-8XX-XXX-XXXX • [www.in.gov/fssa](http://www.in.gov/fssa)**

Indiana Family & Social Services Administration (FSSA) • Division of Family Resources (DFR)

Poster (18x24)

**Applying for public assistance?**

Cash Assistance (TANF), Food Stamps, Medicaid, Hoosier Healthwise

(Vea otro lado para Español.)

**How you can apply**

- On the Internet. 24-hours a day at [www.in.gov/fssa](http://www.in.gov/fssa)
- Call 1-8XX-XXX-XXXX to talk with a Call Center representative, 7am – 7pm, Mon – Fri (local time)
- At a Local DFR Office, Mon – Fri

**What information do you need to start an application on the phone or Internet?**

Information for All Household Members such as:

- Names and dates of birth
- Income from jobs or training
- Benefits (you get now or in the past) such as Social Security, SSI, veteran's benefits, child support
- Amount of checking, savings, accounts or other resources owned or being purchased
- Monthly rent, mortgage and utility bills
- Payments for adult or child care
- Health coverage and/or medical benefits
- Additional Information As Requested

**What do you do next?**

- Complete and sign the application
- Mail, FAX or visit a local DFR office to send in application and required documents
- Watch for a notice in the mail

**What else can you do on the phone or Internet?**

- Check the status of your application or benefits
- Report changes in income, address, phone number or household members

**1-8XX-XXX-XXXX • [www.in.gov/fssa](http://www.in.gov/fssa)**

Postcard (8x5)

**Apply for public assistance here!**

Cash Assistance (TANF), Food Stamps, Medicaid, Hoosier Healthwise

Using the Division of Family Resources (DFR) Call Center:

(Vea otro lado para Español.)

**What can I do on the toll-free line?**

from 7am – 7pm (with Call Center Representative)

- Start application with a Representative
- Report a change in income, address, etc.
- Check if application is approved or denied
- Change date or time of an interview
- Ask about a letter you got from DFR

**After Hours (Menu System 24 hours a day):**

- Leave a message to report a change
- Check if application is approved or denied
- Find a local DFR office in your area
- Listen to answers to questions about benefits

**Two stars go back to the start.**

**Use keypad to repeat what was said.**

**[www.in.gov/fssa](http://www.in.gov/fssa)**

Call Center Tip Stand (8x5 with stand)

**Internet Application Tips**

(Vea otro lado para Español.)

**Are you applying for public assistance?**

Go to [www.in.gov/fssa](http://www.in.gov/fssa) to apply for:

- Cash Assistance (TANF)
- Food Stamps
- Medicaid
- Hoosier Healthwise

Read the tips in this display before applying online.

Have questions while applying? Call 1-8XX-XXX-XXXX.

**Public Assistance Application Tips**

Internet Roll Menu

**Applying for Public Assistance?**

**Use the Internet or phone to apply for or manage your benefits:**

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION

- Cash Assistance (TANF)
- Food Stamps
- Medicaid
- Hoosier Healthwise

**[www.in.gov/fssa](http://www.in.gov/fssa) or 1-8XX-XXX-XXXX**

Magnets or Business Cards (2x3½)

**Are you applying for public assistance?**

Visit [www.in.gov/fssa](http://www.in.gov/fssa) or call 1-8XX-XXX-XXXX

Pen & Pen Content

# Levels of Participation (cont.)

## ■ Referral

- Display and share information regarding changes to the public assistance eligibility system with clients
- Receive informational updates and client educational materials



# Referral Member Materials



### We Are Improving Our Service to You!

**You Can Now Apply for and Manage Your Public Assistance Anytime, Anywhere!**

Cash Assistance (TANF) • Food Stamps • Medicaid • Hoosier Healthwise

**On the Internet (24 hours a day).**

- Find out if you might be eligible
- Apply for assistance
- Check to see if application is approved/denied
- Report a change (like an address, income, etc.)

**On the Phone Menu System (24 hours a day).**

- Check to see if application is approved/denied
- Report a change (like an address, income, etc.)
- Find a local DFR office near you
- Hear answers to common questions

**With a Call Center Representative (Mon-Fri, 7am-7pm).**

- Start an application (to be mailed to you)
- Check to see if application is approved/denied
- Make a change (like an address, income, etc.)
- Ask a question

**In a Local DFR Office (Mon-Fri).**

- Use a computer to apply on the Internet
- Use a phone to talk to the Call Center
- Get help from a DFR worker
- Drop off copies of required documents

**1-8XX-XXX-XXXX • [www.in.gov/fssa](http://www.in.gov/fssa)**

Indiana Family & Social Services Administration (FSSA) • Division of Family Resources (DFR)

Poster 18x24



### Applying for public assistance?

Cash Assistance (TANF), Food Stamps, Medicaid, Hoosier Healthwise

**(Vea otro lado para Español.)**

**► How you can apply**

- On the **Internet**, 24-hours a day at [www.in.gov/fssa](http://www.in.gov/fssa)
- Call 1-8XX-XXX-XXXX to talk with a Call Center representative, 7am – 7pm, Mon – Fri (local time)
- At a **Local DFR Office**, Mon - Fri

**► What information do you need to start an application on the phone or Internet?**

**Information for All Household Members such as:**

- Names and dates of birth
- Income from jobs or training
- Benefits (you get now or in the past) such as Social Security, SSI, veteran's benefits, child support
- Amount of checking, savings accounts or other resources owned or being purchased
- Monthly rent, mortgage and utility bills
- Payments for adult or child care
- Health coverage and/or medical benefits
- Additional Information As Requested

**► What do you do next?**

- Complete and sign the application
- Mail, FAX or visit a local DFR office to send in application and required documents
- Watch for a notice in the mail

**► What else can you do on the phone or Internet?**

- Check the status of your application or benefits
- Report changes in income, address, phone number or household members

**1-8XX-XXX-XXXX • [www.in.gov/fssa](http://www.in.gov/fssa)**

Postcard 8x5



### Applying for Public Assistance?


**Use the Internet or phone to apply for or manage your benefits:**

- ✓ Cash Assistance (TANF)
- ✓ Food Stamps
- ✓ Medicaid
- ✓ Hoosier Healthwise

**[www.in.gov/fssa](http://www.in.gov/fssa) or 1-8XX-XXX-XXXX**

Magnets or Business Cards (2x3½)





Are you applying for public assistance?  
Visit [www.in.gov/fssa](http://www.in.gov/fssa) or call 1-8XX-XXX-XXXX

Pen & Pen Content

# Levels of Participation (cont.)

## ■ Informational

- Receive informational updates via e-mail regarding Eligibility Modernization including:
  - Notification of newsletters available online
  - Invitations to future training regarding Eligibility Modernization

# Applying for Benefits in the New System

**V-CAN**  
(or home, library, etc.)



**Call Center**



**Internet**



**Local Office**

# Internet – Step 1

## ■ Step 1: Complete screening

- Applicants will complete the screening (similar to QualCheck used today) in English or Spanish.
- Applicants will answer questions related to household members, employment, income and resources.

*Note: Applicants are not required to complete the screening prior to applying for benefits. If desired, applicants can select “Apply Online” and go directly to the online application.*




**Step 1 – Complete screening and view results**




**Step 2 - Apply for benefits, sign and submit required documents**







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Screen for Services

What Is Screening?

Start by answering the 15 minute self-screening questions. This will help you find out what Indiana State Benefits you may be able to get if you apply. You will be asked questions about you and the people who live with you.

What Information Do I Need?

Please gather the following information to help you answer questions:

- **Household financial information**, such as:
  - Money spent on rent, house payments or heating and cooling
  - Cash on hand or money in a bank account
  - Income from a job or training
  - Payments for adult or child care
  - Unearned Income such as Social Security, SSI, child support, unemployment benefits
- **Benefits** you get now or have gotten in the past  
(for example, Medicaid, Medicare, Social Security, veteran's benefits, etc.)
- **Medical information** related to you and the people who live with you

What Happens When I am Finished?

After you answer the questions, you will know if you might be able to get Food Stamps, Cash Assistance, or Health Coverage. Please remember that this is a basic screening tool, not a final decision about whether you can get these programs. You can choose to apply at any time even if the screening results show you may not be eligible.

**For the State to decide if you are eligible to receive benefits, you must complete and submit an Indiana Application for Assistance.** Follow the steps to Print and Mail your signed application to begin the application process. Instead of printing and mailing the application, you may want to follow the steps and apply online.

The answers you give are secure and will be kept private


Cancel

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Let's Get Started

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☐ Results

Enter the information about the person who wants to get help. If you are completing the screening for someone else, enter that person's information. Then click **Next**.

The answers you give are secure and will be kept private.

Note: All items marked with a ( \* ) need to be answered to complete screening.

Head of Household Personal Details

\*First Name:

\*Last Name:

Suffix:

\*Date of birth(MM/DD/YYYY):


\*Sex:

\*Including yourself, how many people live with you?:


Cancel

Next >





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Head of Household Details

Help

Tell Us More about Each Person You Live with

For the person whose name is shown below, check the box to the right of the question if the answer is **Yes**. Then click **Next**.

Note: If there is a child who gets Child Support, check Yes for Unearned Income for the child.

Household Details

Answer the Questions for the following Household Member : Jane Smith

Is this person a U.S. Citizen?: ☐

Is this person a migrant or seasonal farm worker?: ☐

Is this person Disabled?: ☐

Is this person Blind?: ☐

Does this person have Medicare Insurance?: ☐

Does this person have Private Health Insurance?: ☐

Was this person in Foster Care on her 18th birthday?: ☐

Is this person pregnant?: ☐

If the member is pregnant, how many babies expected?:

Does this person have any Resources? :  
(Cash on hand, checking or savings accounts, certificates of deposit, retirement accounts, stocks, bonds, etc.) ☐

Does this person have any Earned Income? :  
(Money from a job or self-employment) ☐

Does this person have any Unearned Income? :  
(Money received from Social Security, SSI, unemployment benefits, Child Support which is associated with the child, etc.) ☐

Does this household have any Shelter Expenses? :  
(Expenses such as rent, mortgage, heating and cooling) ☐

Does this person have any Medical Expenses?: ☐

Does this person buy and prepare meals with household?: ☐


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Voluntary Community Assistance Network





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How are the people who live with you related to each other?

Select how the people who live with you are related from the list between the members shown below. Click **Next** to select how the remaining members are related.

How Members are Related

Jane Smith is a 

Mother


 of Mary Smith

Cancel


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Summary of How Members are Related

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Please check how the people you live with are related. If you made a mistake, click on **Change** next to that person's information to correct the mistake. When all of the information is correct, click **Next**.

Summary of How Members are Related

Action	Household Member	How Related	Related Household Member
<a href="#">Change</a>	Mary Smith	is the Daughter of	Jane Smith
<a href="#">Change</a>	Jane Smith	is the Mother of	Mary Smith

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Tell Us about Your Resources

Resources are cash on hand, checking or savings accounts, certificates of deposit, retirement accounts, stocks, bonds, etc. Repeat the process until all resources for that member are listed below. Select the resource type and enter the resource amount for the member shown and click **Save Resource**. Click **Next** to add resources for the next member. Click **Change** to make changes to a member's resource or **Remove** to remove a listed resource.

Note: All items marked with a ( \* ) need to be answered to complete screening.

Resource Details of Jane Smith

Name: Jane Smith

\*Resource Type: Bank Account

\*Amount: 0.00

Save Resource

Household Resource Summary

Action	Name	Resource Type	\$ Total Value
<a href="#">Change</a>   <a href="#">Remove</a>	Jane Smith	Cash	\$ 250.00
<a href="#">Change</a>   <a href="#">Remove</a>	Jane Smith	Bank Account	\$ 300.00


Cancel


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Summary of Resources

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These are all the resources that you listed for yourself and the people you live with. Check the list below and click **Change** or **Remove** to either make changes to a member's resource or to remove a listed resource. If there is another resource to add, click **Add Resource**.

Click **Next** when all the resources are listed and correct.

Household Resource Summary

Actions	Name	Resource Type	\$ Total Value
<a href="#">Change</a>   <a href="#">Remove</a>	Jane Smith	Cash	\$ 250.00
<a href="#">Change</a>   <a href="#">Remove</a>	Jane Smith	Bank Account	\$ 300.00

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Add Resource

Cancel


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Result **Jane Smith - 9000037785**

Start Household Relationships Resources Income Expenses Summary Results

You have completed the screening questions and your answers have been compared with basic rules for people to get Food Stamps, Cash Assistance, and Health Coverage. Based on the answers you gave, the results of this screening are shown below. **Please note that the results are not a final decision about whether or not you can get Food Stamps, Cash Assistance, Health Coverage or the Healthy Indiana Plan. To find out if you and the people who live with you can get benefits, you must apply.** You have the right to apply even if the screening results show you may not be eligible. The screening tool thinks that you and the people you live with live in Indiana.

Individuals Potentially Eligible for Programs Listed Below

Program	Names
Food Stamps	Mary Smith, Jane Smith (May be Eligible for Expedited Processing)
Medicaid	Mary Smith
Healthy Indiana Plan	Jane Smith

Individuals May Not be Potentially Eligible for Programs Listed Below

Program
Cash Assistance

Apply for Programs

If you wish to request or print an application for Healthy Indiana Plan, click:

[Apply for Hip](#)

If you wish to apply for Food Stamps, Cash Assistance and Health Coverage, click:

[Apply for Benefits](#)

# Internet – Step 2

## ■ Step 2: Apply for benefits

- After screening, applicants can apply for any or all programs.
- Applicants can choose how to complete the application:
  - Enter information into online application (to print, sign and send in)
  - Print application where they are (to finish on paper, sign and send in)
  - Have application mailed to them (to finish on paper, sign and send in)
- Applicant can send the application and supporting documents to the Document Center through the mail, FAX (same toll-free number), or drop it off at a local DFR office.




**Step 1 - Complete  
screening and view  
results**




**Step 2 - Apply for benefits,  
sign and submit required  
documents**







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### Apply for Programs

Help

The programs already checked are those which one or more people may be able to get, based on the screening results. If you do not want to apply for a checked program, click on the box to remove the check mark. If you want to apply for a program that is not checked, click the box next to the program.

Please call Indiana Family and Social Services toll free at 1-800-403-0864 between 7 am - 7 pm EST if you have any questions.

To apply, click **Print Application, Mail Application, or Apply Online.**  
If you do not wish to apply, your screening answers will not be saved when you click Cancel.

Please select the programs you would like to apply from:

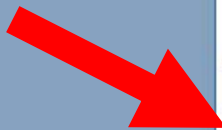
Programs	
<input checked="" type="checkbox"/>	Food Stamps
<input type="checkbox"/>	Cash Assistance(TANF)
<input checked="" type="checkbox"/>	Health Coverage(Medicaid)

Cancel

Mail Application

Print Application

Apply Online





**Indiana Application for Assistance**  
State Form FI 2512



\*DFRAAAE0100008FW0\*

**Section A: General Information**      Important: Complete this application using Black or Blue pen.

Instructions: Give all information possible. Your application will be valid if you at least provide your name and address, identify one type of assistance you are applying for, and sign the form. We will provide the help you need to complete this application process. If you need help, please contact an FSSA Office or call toll free 1-800-403-0864. The information obtained on this form is confidential under state and federal regulations, including 470 IAC 1-2-7, 470 IAC 1-3-1, 470 IAC 6-1-1, 405 IAC 1-1-12, 45 CFR 205.50, 7 CFR 272.1(c), and 42 CFR 431.300. This information will not be released except as permitted or required by law or with the consent of the applicant/recipient. Food Stamps are provided from the date we receive your application. Medicaid benefits can begin no earlier than three months prior to the month of application. Therefore, you should file your application as soon as possible. Your application for Food Stamps may receive special expedited processing if your household has little or no income, or you are a migrant or seasonal farm worker. This means that you may be entitled to receive your Food Stamps within seven days after the date we receive your application. To see if you qualify for expedited processing, you must complete Section B. FSSA must determine your eligibility for Food Stamps within 30 days if you are not entitled to expedited service, and your eligibility for Cash and Medicaid within 45 days, with one exception. If your Medicaid eligibility is being determined under the Disability category, your eligibility must be determined within 90 days. Once your application is received you will be contacted regarding an interview appointment. If you cannot keep this appointment, you must reschedule it. If you do not reschedule your appointment within 30 days after you filed your application, your application will be denied. Please provide as much information as you can to help us determine your eligibility quickly.

- 1. I would like to apply for:    ☐ All Programs    ☒ Food Stamps    ☒ Health Coverage    ☐ Cash Assistance
- 2. If applying for Health Coverage, is this related to a Medicaid Facility or Medicaid Waiver Services?    ☐ Yes    ☐ No
- 3. I am completing this application for:    ☐ Myself    ☐ Someone else.    If you are completing this application for someone else, answer the questions with information about their household. You may sign Section A below and submit the application. However, you and the applicant must complete Section D including the signatures.

4. First Name: Jane    MI:    Last Name: Smith    Suffix:   

5. Phone Number:    6. Cell Phone:    7. Work Number:   

8. Home Address - Number:    Street: 123 Main St.    Apartment / Lot:   



City: Marion    State: IN    Zip Code: 46952    County:   

9. Mailing Address: (If different than above)

City:    State:    Zip Code:   

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Household Member Information: Jane Smith - 9000037858

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Program Selected

I would like to apply for:

☐ All Programs

☐ Cash Assistance

☒ Food Stamps

☒ Health Coverage

Personal Information

\*First Name: Jane

Middle Initial:

\*Last Name: Smith

Suffix:

Gender: ☒ Female ☐ Male

Is this Person Pregnant?:

Date of Birth(M/d/yyyy):

Social Security Number (Don't enter dashes):

Is this person a U.S. Citizen?: ☐ Yes ☐ No

Is this person a resident of the State of Indiana?: ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Ethnicity (Optional): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Optional) - You may choose more than one:

☐ Asian


☐ Black or African American

☐ White


☐ American Indian or Alaskan

☐ Native Hawaiian or Pacific





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### Household Member Information Summary

Help

**Instructions:** Please review to be sure that you and all people who live with you are listed below and the information is correct. If you need to add someone else who lives with you, click **Add Member**.

To change the information about a member, click **Change** in the Action column for that member.

To remove a member, click **Remove**.

When all people who live with you are listed below and their information is correct, click **Continue with the Application** or click on **Apply Now** to stop entering additional information on your application and apply.

Household Members		
Action	Name	Date Of Birth
<a href="#">Change</a>   <a href="#">Remove</a>	Jane Smith	3/13/1979
<a href="#">Change</a>   <a href="#">Remove</a>	Mary Smith	2/2/2000

Add Member


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Continue with the Application


Apply Now







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Authorized Representative

Help

**Instructions:** Complete the following information with the information for the person that is authorized to represent you with the Family and Social Services Administration (FSSA). You may authorize someone different for each benefit you are applying for or receiving and designate activities they may complete for you. You may select an Authorized Representative for any benefit you apply for or receive.

Authorized Representative

Select the program(s) for which you authorize representation:

☐ Cash Assistance

☐ Food Stamps

☐ Health Coverage

Select the responsibility you authorize this person to perform on your behalf:

☐ Apply

☐ Receive copies of notices

☐ Receive and use Food Stamps on behalf of my household

☐ Be interviewed

☐ Report changes and receive information about my benefit(s)

Enter the following information for the Authorized Representative:

\*Authorized Representative Name:

Street:

Apt/Lot:

City:


State:


Zip:

Phone Number:

recent items



**Authorized Representative Form**

  
\*DFRAUAE01\*

Instructions: Complete and sign this form if you wish to authorize someone other than yourself to apply for benefits on your behalf, be interviewed on your behalf, receive copies of notices sent to you or assist you in communication with the Family and Social Services Administration (FSSA). The person you authorize to act on your behalf or receive information about your benefits must sign, date and provide their address on this form. You may authorize someone different for each benefit you are applying for or receiving and designate what activities they may complete for you. You may select an Authorized Representative for any benefit you apply for or receive. Complete the sections below to select your Authorized Representative(s). Check the box for each activity you want this person to complete for you.

1. Applicant/Recipient Name (print): \_\_\_\_\_

Case Number: \_\_\_\_\_ Applicant/Recipient SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Cash Assistance: I want \_\_\_\_\_ to

☐ apply on my behalf, ☐ be interviewed on my behalf, ☐ receive copies of notices sent to me,  
☐ report changes for me and receive information about my Cash Assistance.

a. Applicant/Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

b. Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

c. Authorized Representative Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Food Stamps: I want \_\_\_\_\_ to

☐ apply on my behalf, ☐ be interviewed on my behalf, ☐ receive and use Food Stamps on behalf of my household,  
☐ receive copies of notices sent to me, ☐ report changes for me and receive information about my Food Stamps.

a. Applicant/Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

b. Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

c. Authorized Representative Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_


4. Health Coverage: I want \_\_\_\_\_ to

☐ apply on my behalf, ☐ be interviewed on my behalf, ☐ receive copies of notices sent to me,  
☐ report changes and remain my representative if my application is approved.


a. Applicant/Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

b. Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Family and Social  
Services Administration



Home

navigation

Review the Instructions

Help finding a job

Child care assistance

Child Support Services

Social Security

Disability Services

EBT

More Services

Medical Expenses

Help

Please answer the questions below.

When you have answered the questions, click **Apply Now** to complete your application.

Medical Information

Does anyone in your household have any past, recurring,  
or anticipated medical expenses?:

Is anyone enrolled in the Medicare Prescription program?:

Does anyone in the household have health insurance  
coverage (including Medicare)?:

Is anyone outside the home required to pay the medical  
expenses of someone in the household?:

Has anyone in the household lost Medicare Part A due to  
working?:

Has anyone in the household been involved in an accident  
in the last 24 months?:

< Back

Apply Now

# Application Packet

**Applicants will receive the following documents in an Application Packet, regardless of the method used to apply for benefits:**

- Indiana Application for Assistance
  - Application Summary; or
  - Partially-completed application
- Indiana Application for Assistance signature page
- Notice of Rights and Responsibilities
- Document Coversheet
- A list of supporting documents to provide for each program



## Indiana Application for Assistance

State Form FI 2512

\*DFRAAAE0100008FW0\*

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**Section A: General Information** Important: Complete this application using Black or Blue pen.

Instructions: Give all information possible. Your application will be valid if you at least provide your name and address. Identify one type of assistance you are applying for, and sign the form. We will provide the help you need to complete this application process. If you need help, please contact an FBSA Office or call toll free 1-800-403-0854. The information obtained on this form is confidential under state and federal regulations, including 470 IAC 1-2-7, 470 IAC 1-3-1, 470 IAC 8-1-1, 465 IAC 1-1-12, 45 CFR 205.50, 7 CFR 272.1(c), and 42 CFR 431.300. This information will not be released except as permitted or required by law or with the consent of the applicant/recipient. Food Stamps are provided from the date we receive your application. Medicaid benefits can begin no earlier than three months prior to the month of application. Therefore, you should file your application as soon as possible. Your application for Food Stamps may receive special expedited processing if your household has little or no income, or you are a migrant or seasonal farm worker. This means that you may be entitled to receive your Food Stamps within seven days after the date we receive your application. To see if you qualify for expedited processing, you must complete Section B. FBSA must determine your eligibility for Food Stamps within 30 days if you are not entitled to expedited service, and your eligibility for Cash and Medicaid within 45 days, with one exception. If your Medicaid eligibility is being determined under the Disability category, your eligibility must be determined within 90 days. Once your application is received you will be contacted regarding an interview appointment. If you cannot keep this appointment, you must reschedule it. If you do not reschedule your appointment within 30 days after you filed your application, your application will be denied. Please provide as much information as you can to help us determine your eligibility quickly.

1. I would like to apply for: ☐ All Programs ☒ Food Stamps ☒ Health Coverage ☐ Cash Assistance

2. If applying for Health Coverage, is this related to a Medicaid Facility or Medicaid Waiver Services? ☐ Yes ☐ No

3. I am completing this application for: ☐ Myself ☐ Someone else. If you are completing this application for someone else, answer the questions with information about their household. You may sign Section A below and submit the application. However, you and the applicant must complete Section D including the signatures.

4. First Name: Jane MI: Last Name: Smith Suffix:

5. Phone Number: 6. Cell Phone: 7. Work Number:

8. Home Address - Number: 123 Main St. Apartment / Lot:

City: Marion State: IN Zip Code: 46952 County:

9. Mailing Address: (if different than above)

OFFICIAL USE ONLY

In accordance with Federal law and the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers. By signing this application, I certify under penalty of perjury that the following are true:

- I have read (or have had read to me) the notice regarding rights and responsibilities and understand what it states.
- I understand that any individual who is fleeing to avoid felony prosecution or confinement after felony conviction or is in violation of probation/parole resulting from a felony conviction will be ineligible to receive Food Stamps and Temporary Assistance for Needy Families (TANF).
- I understand that any individual who has been convicted under federal or state law of a felony which has as an element of the offense, the possession, use, or distribution of a controlled substance will be ineligible to receive Food Stamps and TANF. All information I have provided is complete and correct to the best of my knowledge and belief, including the information given about citizenship or immigration status of each applicant.

Signature of Applicant or Authorized Representative: Date of Signature: (mm-dd-yyyy)

DFRAAAE01



APPLICATION DOCUMENT COVER SHEET

\*DFR3AE0100008FW1\*

Instructions

- Please fill out and submit this form when you send copies of documents that we have asked you to provide
- A list of the documents to provide is in the *Information to Get You Started* instructions included with your application form.

When you have filled out this form, place it on top of the copies of your documents and mail or fax it and your copies to:

Mailing Address:	FSSA Document Center PO Box 1810 Marion, Indiana 46052	Fax Number:	1-800-403-0854
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- To fill out the form, please complete the *Documents Included* section below using a blue or black ink pen.
- Place an **X** in the box next to each document that you are sending us. **Example:** ☒ Utility Bill
- If a document that you are sending us is not listed, then place an **X** in the box next to "Other(s)" and write the name(s) of the document(s) on the line provided.
- Please send copies of documents instead of originals whenever possible.
- This form should be used to provide information for your household only.
- You may copy this form before filling it out and save it to use later if you cannot send in all of the requested documents now.
- If you have questions, please call us toll-free at (1-800-403-0854) between 7:00 am and 7:00 pm Monday through Friday.

Documents Included

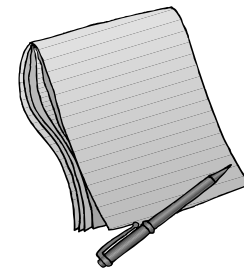
<div>Identity</div> <div><input type="checkbox"/> Driver's License</div> <div><input type="checkbox"/> State Photo ID Card</div> <div><input type="checkbox"/> Student Photo ID</div> <div>Social Security Number</div> <div><input type="checkbox"/> Social Security Card</div> <div><input type="checkbox"/> Proof of Application for Social Security Card</div> <div>US Citizenship / Immigration Status</div> <div><input type="checkbox"/> Alien Registration Card</div> <div><input type="checkbox"/> Baptismal Certificate</div> <div><input type="checkbox"/> Birth Certificate</div> <div><input type="checkbox"/> Bureau for Citizenship &amp; Immigration Svcs. Document</div> <div><input type="checkbox"/> Hospital Birth Certificate</div> <div><input type="checkbox"/> Passport</div> <div><input type="checkbox"/> Permanent Resident Card</div> <div>Money Received / Income</div> <div><input type="checkbox"/> Child Support - Proof of Payment Received</div> <div><input type="checkbox"/> Copy of Paychecks</div>	<div>Money Received (con't)</div> <div><input type="checkbox"/> Disability Payments</div> <div><input type="checkbox"/> Employer Statement</div> <div><input type="checkbox"/> Employer Statement of Termination</div> <div><input type="checkbox"/> Paystubs</div> <div><input type="checkbox"/> Pension Statements / Stubs</div> <div><input type="checkbox"/> Railroad Retirement Benefits</div> <div><input type="checkbox"/> Self-employment Records</div> <div><input type="checkbox"/> Sick Benefits</div> <div><input type="checkbox"/> Social Security / SSI Award Letter</div> <div><input type="checkbox"/> Statement of Loan, Gift, or Contribution</div> <div><input type="checkbox"/> Unemployment Benefits</div> <div><input type="checkbox"/> Veteran's Benefits</div> <div><input type="checkbox"/> Worker's Compensation</div> <div>Resources</div> <div><input type="checkbox"/> Annuity Contract</div> <div><input type="checkbox"/> Bank / Credit Union Statement</div> <div><input type="checkbox"/> Real Estate, Oil, Gas, or Mineral Rights Deed / Document</div> <div><input type="checkbox"/> Statement of Vehicle Value from Licensed Dealer</div>	<div>Resources (con't)</div> <div><input type="checkbox"/> Stock / Bond Statement or Certificate</div> <div><input type="checkbox"/> Trust Agreement</div> <div><input type="checkbox"/> Vehicle Registration / Title</div> <div>Insurance</div> <div><input type="checkbox"/> Insurance Cards</div> <div><input type="checkbox"/> Life / Burial / Health Insurance Policy</div> <div><input type="checkbox"/> Statement from Insurance Provider</div> <div>Expenses</div> <div><input type="checkbox"/> Cancelled Rent Check</div> <div><input type="checkbox"/> Homeowner's Insurance Statement</div> <div><input type="checkbox"/> Lease Agreement</div> <div><input type="checkbox"/> Proof of Energy Assistance Received</div> <div><input type="checkbox"/> Proof of Public Housing Assistance</div> <div><input type="checkbox"/> Property Tax Statement</div> <div><input type="checkbox"/> Rent Receipt</div> <div><input type="checkbox"/> Landlord or Mortgage Lender Statement</div> <div><input type="checkbox"/> Utility Bill</div>	<div>Child Care / Child Support Expenses</div> <div><input type="checkbox"/> County Clerk Record for Child Support</div> <div><input type="checkbox"/> Proof of Child Support You Pay</div> <div><input type="checkbox"/> Receipt / Copy of Check for Child Care that You Pay</div> <div><input type="checkbox"/> Statement from Child Care Provider</div> <div>Medical</div> <div><input type="checkbox"/> Medical Bill / Receipt</div> <div><input type="checkbox"/> Medical Statement</div> <div><input type="checkbox"/> Medical Statement of Pregnancy / Due Date</div> <div><input type="checkbox"/> Prescription Receipt or Printout</div> <div>Legal</div> <div><input type="checkbox"/> Divorce Decree</div> <div><input type="checkbox"/> Guardianship Order</div> <div><input type="checkbox"/> Marriage Certificate</div> <div><input type="checkbox"/> Paternity Record</div> <div><input type="checkbox"/> Power of Attorney</div>
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# Call Center – Step 1

- **Step 1: Applicant answers questions with a Call Center Representative**
  - Applicant begins application by answering screening questions regarding household, income and expenses on the phone with a Call Center Representative (in English or Spanish).
  - Call Center mails partially-completed application to applicant.



**Step 1- Applicant answers questions with a Call Center Representative**



**Step 2 – Applicant completes, signs and submits application**

# Call Center – Step 2

## ■ Step 2: Applicant completes, signs and submits application

- Applicant receives application and list of required documents from Service Center and fills out remaining information.
- Applicant signs application, makes copies of required documents, and mails or FAXes packet to Document Center (same toll-free number) or takes it to a local DFR office.



**Step 1- Applicant answers questions with a Call Center Representative**



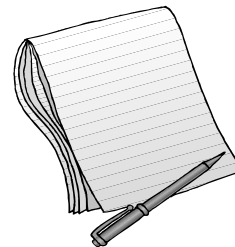
**Step 2 – Applicant completes, signs and submits application**

# Local Office – Step 1

- **Step 1: Applicant starts application at local DFR office**
  - Applicants can visit a local DFR office to apply using any method:
    - ✓ Internet
    - ✓ Call Center
    - ✓ Paper Application
    - ✓ In-person with a Caseworker



**Step 1 - Applicant starts application at a local DFR office**



**Step 2 – Applicant completes, signs and submits application**

## Local Office – Step 2

- **Step 2: Applicant completes application, signs and submits**
  - When application is complete, Applicant will:
    - Print the application (if using the Internet);
    - Request that the application be mailed (if using the Call Center); or
    - Sign the application (if using the paper application or being interviewed).
  - Applicant submits copies of required documents at Local DFR Office or by mail or FAX (same toll-free number) to the Document Center.



**Step 1 - Applicant starts application at a local DFR office**

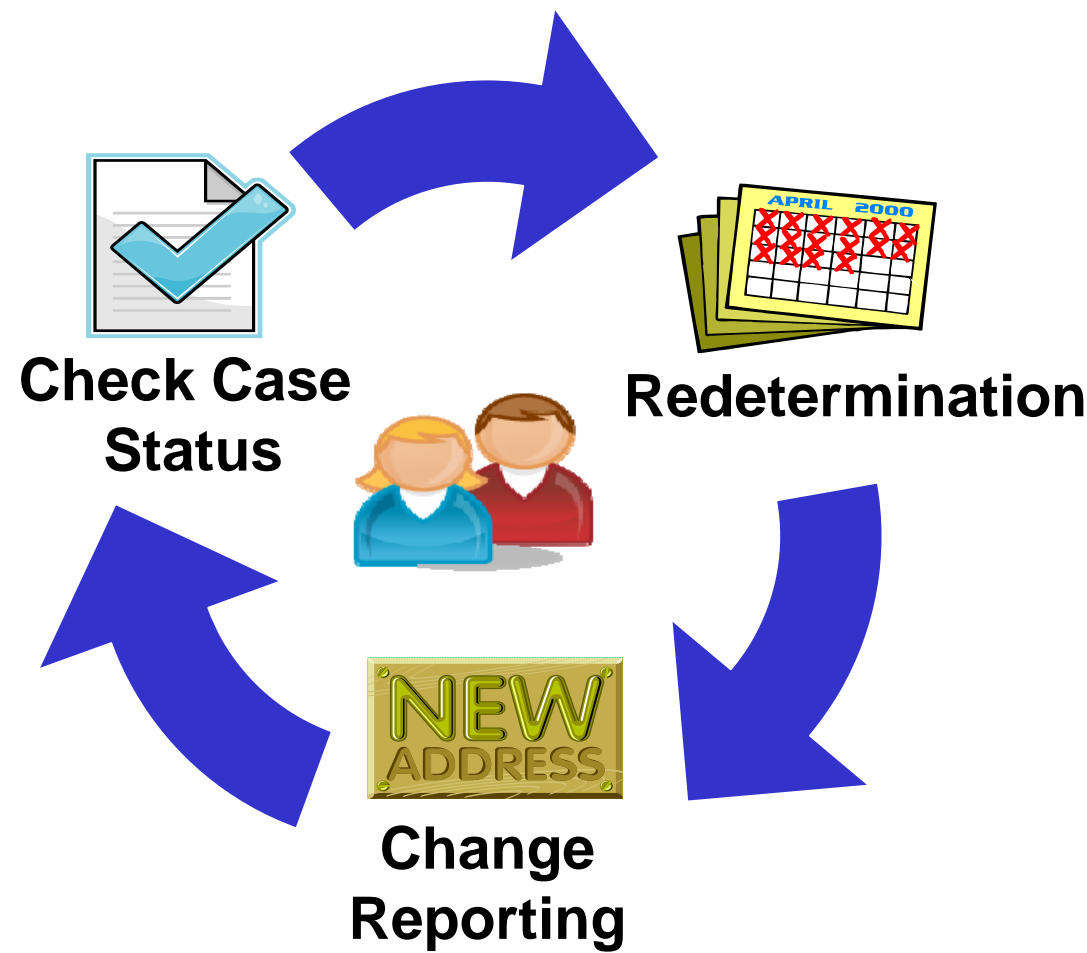


**Step 2 – Applicant completes, signs and submits application**

# BREAK



# Managing Benefits in the New System





# Check Case Status

- **Applicants can check the status of application:**
  - ✓ On the 24 Hour Automated System
  - ✓ On the Internet
  - ✓ On the Phone with a Call Center Representative
- On the 24 hour automated system, applicants must provide last four digits of Social Security Number and case number or date of birth.
- On the Internet, applicants must provide last name, case number, date of birth and last four digits of Social Security Number.

# Processing Applications

## ■ Application Processing Standards

Applications are subject to the following processing standards:

- ✓ 30 days for Food Stamps and cash assistance (TANF)
- ✓ 45 days for Medicaid
- ✓ 90 days for Disability Medicaid

## ■ Checking Application Status

Applicants and/or Authorized Representatives should not check the application status until:

- ✓ The application processing time has passed; or
- ✓ The 2032 Pending Verification notice is received.

## ■ Application Decisions

If a case closure or denial decision is found to be in error, the case closure may be rescinded to restore the application date.

# Redetermination



- The Redetermination process includes five steps:
  1. An Appointment Letter (for an Interview) is sent to client.
  2. Eligibility Specialist conducts Redetermination Interview on the phone.
    - After the Interview, a Redetermination packet (summary information, signature page and documents needed) will be mailed to the client.
  3. Client signs and mails or FAXes the Redetermination documents to the Document Center.
    - Document Center scans the Redetermination documents into the system.
    - Eligibility Specialist is notified that Redetermination documents are ready.
  4. Eligibility Specialist reviews for completeness and forwards to a State Worker.
  5. A State Worker determines client eligibility.

# Change Reporting

- **To report a change of address, income or household members, clients can use:**
  - ✓ Internet
  - ✓ Call Center (with a Representative or Automated System)
  - ✓ Local DFR Office
- On the Internet, applicants must provide last name, case number, date of birth and last four digits of Social Security Number.
- On the 24 hour automated system, applicants must provide last four digits of Social Security Number and case number or date of birth.

# Using the Call Center (between 7am-7pm local time)

- Press (1) for English or (2) for Spanish
- Press (1) for Healthy Indiana Plan (HIP); (2) Benefit Programs (*such as Food Stamps, Cash Assistance or Health Coverage*); or (3) for IMPACT Employment Services
- Main Menu Options:
  1. Apply for Assistance (by speaking with a Representative)
  2. Find a Local DFR Office
  3. Report a Change (income, address, etc.)
  4. Check Case Status
  5. Reschedule an Interview
  6. Ask about a Letter or Notice
  7. Report Suspected Fraud
  8. More Options



# Using the Call Center (between 7am-7pm local time, cont.)

- **Main Menu Options (cont.):**

- 8. More Options

- 1. Trouble Getting Required Information
    - 2. Electronic Benefit Transfer (EBT) Questions
    - 3. Frequently Asked Questions (FAQs)
    - 4. Third Party Inquiry (general or case specific)
    - 5. Other Questions

- **Peak Call Center Usage:**

- Mondays
    - Mornings
    - After holidays



# Using the Call Center (Automated System)

- **The Automated System (after hours) gives the following options:**
  1. Find a Local DFR Office
  2. Check Case Status
  3. Report a Change (leave a message with address, income, household changes)
  4. Listen to Frequently Asked Questions regarding:
    1. Programs (Food Stamps, Cash Assistance (TANF), Medicaid, Hoosier Healthwise, Medicaid for nursing home care, IMPACT)
    2. Reporting Changes
    3. Electronic Benefit Transfer (EBT) Questions
    4. Fraud
    5. Service Center mailing address/FAX number
    6. Disagreements with a Case Decision
  5. EBT Questions (to obtain more detailed EBT account information from JP Morgan)

# How You Can Help



# Client Benefits of V-CAN Membership

- **Convenient locations within the local community, reducing travel requirements.**
- **Opportunity to access aid without stigma of going to a “welfare office”.**
- **Clients may feel comfortable asking questions about how to apply for benefits with people they trust.**

# Provider Benefits of V-CAN Membership

## *What's in it for you?*

### ■ **Enhancing Your Services**

- Today, you answer questions about public assistance. In the new system, you can offer on-site access to benefit applications and information.

### ■ **Maximizing Resources in the New System**

- Today, a family visits your free neighborhood health clinic for services, utilizing your privately-raised funding when Medicaid should pay the bill.
- In the new system, you can encourage the family to apply for Medicaid benefits *right in your office*.

### ■ **Accessing up-to-date information on Eligibility Modernization**

- By becoming a V-CAN member, you will receive client outreach materials, bi-monthly newsletters and information updates on upcoming developments with the Eligibility Modernization project.
- V-CAN User Guide with helpful tips on applying for and managing benefits in the new system.

# V-CAN Communication & Support

## ■ Communication to V-CAN Members

- Bi-Monthly V-CAN newsletters, updates via email and article inserts for member newsletters

## ■ V-CAN Client Support Materials

- Complete the V-CAN Material Request Form located at [www.in.gov/fssa](http://www.in.gov/fssa) to request materials for your Access Point or Referral site(s).

## ■ Become a V-CAN Member or Upgrade Your Membership

- Visit [www.in.gov/fssa](http://www.in.gov/fssa); click “Eligibility Modernization” and “Communications”
- Click “How do I become a member of the V-CAN?” and complete the V-CAN Registration Form

## ■ Region 2 Implementation and Feedback

- Region 2 Implementation is targeted for spring 2008.
- Email [vcan@us.ibm.com](mailto:vcan@us.ibm.com) to let us know how the Region 2 implementation is going for your clients.



# Healthy Indiana Plan (HIP) Update

# HIP Update



## ■ What is the Healthy Indiana Plan (HIP)?

- New state-sponsored health insurance plan for low-income Hoosiers, implemented statewide in January 2008

## ■ Who is Eligible for HIP?

- **Uninsured** Non-Disabled Adults (ages 19-64)
  - Parents or caretaker relatives of dependent children from 22% to 200% of federal poverty level (FPL)
  - *Pregnant women still covered by Hoosier Healthwise*
  - Childless adults under 200% FPL (Statewide cap of 34,000 members)
- FSSA estimates 562,000 Hoosiers eligible
  - HIP is not an entitlement – funding is limited
  - Funding estimated to cover about 130,000 members per year

# HIP Update (cont.)



## ■ How and When Can People Apply?

- Short-Term (Until August 2008)
  - New paper application; available to print from the HIP website (see below)
  - Available at Local DFR Offices, Hoosier Healthwise Enrollment Centers and participating V-CAN sites
  - To order applications and brochures, visit [www.in.gov/fssa](http://www.in.gov/fssa), click "Eligibility Modernization/Communications"
  - HIP Call Center Assistance (1-877-GET-HIP-9)
- Long-Term (Starting in August 2008)
  - Will become available online, with other public assistance applications
  - HIP Call Center Assistance (1-877-GET-HIP-9)
- For more information: [www.HIP.IN.gov](http://www.HIP.IN.gov) or 1-877-GET-HIP-9

# Questions?

**Find us online!**

**[www.in.gov/fssa](http://www.in.gov/fssa)** , click on  
**“Eligibility Modernization/  
Communications”**

**Contact Information**

**[vcan@us.ibm.com](mailto:vcan@us.ibm.com)**